GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:1477
ANSWERED ON:27.11.2002
NATIONAL TUBERCULOSIS PROGRAMME
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Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of deaths due to TB in the country during the last three years;

(b) the number of DOTS centers in the country State-wise;

(c) whether it is a fact that the performance of States in implementing the National Tuberculosis Control Programme is much below the stipulated targets envisaged in previous five year plans;

(d) if so, the reasons therefor;

(e) whether the grants released to the District Tuberculosis Control Societiesand assistance provided to NGOs during the last three years of Ninth Plan were fully utilized;

(f) if not, the reasons therefor;

(g) whether the World Bank aid received during the said period for the purpose was fully utilized;

(h) if so, the details thereof; and

(i) if not, the reasons therefor?

Answer

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI A. RAJA)

(a): Deaths are not reported under the National TB Control Programme (NTCP)It is estimated that about 5 lac patients die of TB every year in the country. Under Revised National TB Control Programme (RNTCP), the deaths due toTB are monitored. The number of deaths due to TB reported under RNTCP during the last three years are as under:

Year	Number of TB deaths under RNTCP put on treatment	Percentage of number of patients under RNTCP
1999	5858	4.3%
2000	10337	4.3%
2001 (January to September)	9619	4.5%

(The proportion of number of patients put on treatment under RNTCP andthe TB deaths occurring has been same, but the number has increased due to increased coverage of population under RNTCP).

(b): It is not possible to keep record of DOTS centers sinceanybody accessible and acceptable to the patients and accountable to health system can function as a DOT provider.

(c)&(d): To control problem of tuberculosis, National TB Control Programme(NTCP) hasbeen in operation since 1962. Since the programme did not make any significant epidemiological impact in its almost three decades of implementation, it was reviewed by an Expert Committee in 1992 and some of the reasons found for low success of the programme are as under:

- Inadequate budget and insufficient managerial capacity
- Shortage of drugs
- Emphasis on x-ray diagnosis resulting in inaccurate diagnosis
- Poor quality sputum microscopy
- Multiplicity of treatment regimens

On the recommendations of the above Committee, Revised National TB Control Programme (RNTCP) was launched in 1997 with an objective of achieving cure rate of 85% of new sputum positive cases and to detect atleast 70% of such cases. The RNTCP is being implementing in phased manner and thus NTCP is beingphased out. The present coverage under RNTCP is about 502 million population and it is envisaged to cover 800 million by 2004 and the entire country by 2005. Under the Programme all diagnostic and treatment facilities including supply of anti TB drugs for full course of treatment are provided free of cost to the TB patients. The project districts have reported treatment success rate of more than 80%, which means that 8 out of every 10 TB patients diagnosed and put on treatment under revised strategy are successfully treated as against less than 4 in the previous programme. State-wise performance under RNTCP as per quaterly performance report ending June 2002 is given in Annex.I

(e)&(f): Funds to the State District TB Societies were released for undertaking variousactivities for implementation of RNTCP. As RNTCP was a new strategyof TB Control and large number of preparatory activities were required to adopt this strategy, in the initial period, there had been low utilization of funds. However, utilization has gradually increased. Funds are released on a non lapsable basis and attempts are being made to ensure that minimum balances are at Districts subject to there being enough funds available for all activities. As regards NGOs, it is stated that involvement ofNGOs under RNTCP and release offunds to them has been decentralized to the district level. About 510 NGOs arenow participating in RNCTP and funds utilization hasincreased. Wherever necessary, funds have been reallocated for other requirements

(g) to (i): The World Bank Project for implementation ofRNTCP waslaunched in 1997 to cover a population of 271 million in 102 districts and to strengthen 203 districts having population of 447 million to prepare them to adopt RNTCP ata later stage at a cost of Rs.604 crores for a period of 5 years. Till date about 502 million population in 248 districts have been covered under the revised strategy. However, due to low cost of anti TB drugs and binocular microscopes than envisaged in the Project and in-built provision for contingencies to the extent of 25% of the cost of the Project which was not required to be utilized, till date total expenditure has been Rs.220 crores. In view of the encouraging results of the Project and to utilize the savings, it has been decided to extend the Project till March 2004 to cover a population of 700 million.

ANNEXURE - I

Performance of RNTCP Case Detection (2002, Second Quarter), Smear Conversion (2202, First Quarter), and Treatment Outcomes (2001, Second Quarter)

State	Popul- ation (in lakhs)	Total No. of dists. implement ing RNTCP	No. of districts the district placed on DOTS	outpatients examined	Percentage s+ve patients living in	Percentage patients treated	Total
Andhra Pr.	255	23	8	2.4%	95%	8762	
Assam	12	23	1	3.0%	95%	514	
Bihar	112	37	3	6.3%	98%	2598	
Chandigarh	9	1	1	3.2%	83%	427	
Delhi	138	20	20	2.1%	91%	9545	
Gujarat	480	31	24	2.0%	89%	15093	
Haryana	51	19	3	4.1%	96%	2253	
Himachal Pr.	61	12	12	2.4%	93%	3664	
Jharkhand	49	18	2	3.9%	99%	1562	
Karnataka	218	28	11	2.7%	97%	6900	
Kerala	318	14	14	1.4%	97%	5998	
Madhya Pr.	65	45	5	2.0%	87%	1748	
Maharashtra	731	48	32	2.4%	93%	21630	
Manipur	24	8	8	4.4%	100%	1655	
Orissa	139	30	14	1.7%	83%	4640	
Punjab	18	17	1	2.2%	95%	366	
Rajasthan	565	32	32	2.7%	91%	25175	
Sikkim	5	4	4	2.1%	75%	263	
Tamil Nadu	621	29	29	1.5%	94%	20509	
Uttar Pr.	206	70	9	4.2%	95%	8620	
West Bengal	722	18	15	1.9%	93%	17711	
Grand Total	4799	527	248	2.1%	92%	159633	

Annualized total	New smear+ve	Annualized smear+ve	Percentage of estimated New smear+ve	Ratio of smear -ve to	3 month conversion	Cure rate of new	Success rate Of new

case detection rate	Patients treated patients	Patients treated	cases detected#s@	Smear +ve patients	rate of new smear +ve	Smear+ve patients @	smear +ve Patient
137	3878	61	72%	0.8	85%	72%	76%
175	237	81	95%	0.5	88%	82%	86%
93	1085	39	46%	0.8	93%	91%	92%
190	144	64	75%	0.8	73%		
277	3258	94	111%	0.6	86%	84%	85%
126	6514	54	64%	0.5	89%	80%	81%
176	892	70	82%	0.7	86%	82%	83%
241	1389	91	79%	0.6	93%	89%	90%
128	700	57	68%	0.8	94%	90%	90%
127	2950	54	64%	0.8	89%	82%	83%
75	2682	34	67%	0.5	90%	87%	88%
132	628	47	56%	1.0	83%	86%	87%
121	7903	44	51%	0.9	88%	81%	82%
277	459	77	77%	1.5	88%	85%	85%
141	2457	73	86%	0.5	88%	84%	86%
80	186	40	48%	0.3	91%	78%	81%
178	10261	73	86%	0.7	91%	85%	86%
195	155	115	135%	0.6	85%		
132	8087	52	61%	0.9	89%	81%	83%
167	3722	72	85%	0.7	91%	90%	90%
118	7624	51	59%	0.7	87%	81%	83%
137	65211	56	66%	0.7	89%	83%	84%

Case detection rate totals based on districts implementing for more than one quarter. Estimated total new smear-positive cases adjusted for available data on Annual Risk of Infection (ARI) for Kerala

(estimated new smear positive cases=50/lakh), Himachal Pradesh (estimated new smear positive cases=115/lakh) and Manipur (estimated new smear +ve cases 100 per lakh). For all other states, estimated total new smear-positive cases=85/lakh

@ Cure rate and success rate are not expected for states that began implementing RNTCP after second quarter of 2001.